

FILED JUN 18 1949

STANDARD CERTIFICATE OF DEATH

19752

State File No. ....

2385

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> ✓	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> ( )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> <u>2-3</u>	
c. LENGTH OF STAY (In this place) <b>15 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1518 Spruce Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Mary</b> (Type or Print) b. (Middle) <b>Ellen</b> c. (Last) <b>Rice</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 30, 1949</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 21, 1881</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>9</b>		IF UNDER 24 HRS. Hours <b>5</b> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Kansas</b> /			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>Thomas McLean</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Robert Rice</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William Mullins</b>		ADDRESS <b>2428 Popular</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina Mith</b> <b>Felt buccal surface at angle of jaw -</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>144X</b>						INTERVAL BETWEEN ONSET AND DEATH <b>9 mo</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-24, 1948, to 5-30, 1949 that I last saw the deceased alive on 5-30, 1949, and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ralph Perry</b> (Name or title)		23b. ADDRESS <b>4800 E 24</b>		23c. DATE SIGNED <b>5-31-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/2/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>6-1-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons</b>		ADDRESS <b>4139 Truman Rd. K.C., Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*James W. Carp*

Licensed Embalmer No. *4622*

P. O. Address *St. Charles, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.